

ME Office/District: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Medical Ex/Invest Name: \_\_\_\_\_

**Childhood Drowning Study**  
**Medical Examiner Case Abstract Form**  
**Cover Sheet - Version 7 (April 2004)**  
(NOTE: complete Cover Sheet and Abstract for ELIGIBLE cases only)

Name of decedent: \_\_\_\_\_  
(Last, First, MI)

**Decedent's Permanent Residence Information (Used for Control Selection Purposes Only):**

Residential Telephone Number(s): ( ) - ( ) -

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Did you or your office have contact with the decedent's family as part of the investigation: ☐ Yes ☐ No

If yes, was contact made in person or by telephone: ☐ in person ☐ by telephone

If yes, was the study introduced to the decedent's family: ☐ Yes ☐ No

If yes, did the decedent's family receive a study brochure: ☐ Yes ☐ No

If yes, was the brochure delivered in person or by mail: ☐ in person ☐ by mail

Parent/guardian/next of kin declines to be contacted for interview: ☐

Reason for declining contact (if known): \_\_\_\_\_

**If parent/guardian/next of kin does not decline contact, please provide contact information:**

Name of Parent/Guardian/Next of Kin to be contacted: \_\_\_\_\_  
(Last, First, MI)

Relationship of the above to the decedent:

☐ Mother ☐ Father ☐ Legal Guardian ☐ Grandparent  
☐ Aunt ☐ Uncle ☐ Older Sibling ☐ Other (specify) \_\_\_\_\_

Contact named above is primarily Spanish-speaking: ☐ Yes ☐ No

Mailing Address: \_\_\_\_\_  
Street Number, Street Name, Apt. Number

\_\_\_\_\_  
City, State, Zip Code

Telephone Number(s): ( ) (HOME) ( ) (WORK)  
( ) (CELL)

Best time to call: \_\_\_ daytime \_\_\_ evening \_\_\_ weekday \_\_\_ weekend \_\_\_ no preference

Check here if no working telephone: ☐